



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 FOOD & STANDARDS DIVISION  
 Telephone: (860) 713-6160  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

## **APPLICATION FOR REGISTRATION OF HOME HEATING OIL DEALERS**

### INSTRUCTIONS:

**All spaces must be completed - please print in ink or type. This application must be accompanied by a check or money order for \$100.00, made payable to: "Treasurer, State of Connecticut".**

**® Return your completed application and fee to:**

***Department of Consumer Protection, License Services Division, 165 Capitol Ave, Hartford, CT 06106***

Name of Business (DBA)			
Street Address	City	State	Zip Code
Name of Parent Company (Corporation, Partnership, LLC, etc.)			
Telephone Number (w/area code)	Federal ID Number	Name of Principal Officer in Charge	
<b>Mailing Address (If different than Above)</b>			
Street Address	City	State	Zip Code

1). Does your firm offer or subcontract plumbing and/or heating work service? ☐ Yes ☐ No

If yes, you must complete a list of names and license numbers of all persons who perform such work on the reverse side of this application.

2). You must provide evidence of general liability insurance coverage and insurance to cover any potential environmental damage due to fuel oil spills caused by a registered dealer which coverage shall not be less than one million dollars. Each registered dealer shall provide the department with evidence of each renewal or change in insurance coverage not later than five (5) days after such renewal or change during the period of registration, which renewal or change shall meet the requirements of this subsection.

**Has the applicant ever been convicted of a felony crime? YES [ ] NO [ ] If yes, please attach a statement providing the dates(s) of conviction(s), the court(s) where the cases were decided and a description of the circumstances relating to each conviction(s).**

**I certify that I am authorized to exercise principal authority in the State of Connecticut on behalf of the above applicant. I also subscribe and affirm under penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

[illegible]